

COMBINED DECLARATION and POWER OF ATTORNEY
(Utility, Design, National Stage of PCT)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

(Check one applicable item below)

- ☐ utility patent application
☐ design patent application
☒ national stage of PCT patent application

INVENTORSHIP IDENTIFICATION

My residence, mailing address, and citizenship are as stated below next to my name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION²

MULTIZONE STIMULATION USING WAX BALLS

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a), (b), or (c))³

- (a) ☐ is attached hereto.
(b) ☐ was previously filed _____, as United States Patent Application Serial No. _____.
(c) ☒ was described and claimed in PCT International Application No. PCT/GB2005/001131 filed on March 17, 2005 and as amended under PCT Article § 19 on _____ (if any).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claim(s), as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

FOREIGN PRIORITY CLAIM

I hereby claim foreign priority benefits under Title 35 U.S.C. § 119(a)-(d) or (f) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application(s) which designated at least one country other than the United States of America listed below and have also identified, by checking the box, any foreign application(s) for patent or inventor's certificate or any PCT international application(s) having a filing date before that of the application(s) on which priority is claimed.

(complete (d) or (e))

- (d) ☐ no such applications have been filed.
(e) ☒ such applications have been filed as follows.

Note: Where item (c) is entered above and the International Application claims priority to a non-U.S. application, check item (e), enter the non-U.S. priority details below, and make the priority claim.

COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER § 119 or § 365
United Kingdom	0406123.0	March 18, 2004	<input checked="" type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>
			<input type="checkbox"/> YES NO <input type="checkbox"/>

POWER OF ATTORNEY

I hereby appoint as my attorneys and/or patent agents all attorneys and/or patent agents listed under the following Customer Number, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

022913 PATENT TRADEMARK OFFICE CUSTOMER NUMBER

All correspondence and telephonic communications should be directed to:

DANA L. TANGREN
Registration No. 37,246
Telephone (801) 533-9800
Facsimile (801) 328-1707

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)¹

NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

<u>Vincent</u> (GIVEN NAME)	<u></u> (MIDDLE INITIAL OR NAME)	<u>Marcantonio</u> FAMILY (OR LAST NAME)
--------------------------------	-------------------------------------	---

Inventor's signature *M.C. Marcantonio*

Date 5-4-07 Country of Citizenship United Kingdom

Residence West Caister United Kingdom
(city) (State or Country)

Mailing Address Brownridge, Clink Hill, West Caister, Great Yarmouth, Norfolk

NR30 5SW United Kingdom

Full name of second joint inventor, if any

<u>Matthew</u> (GIVEN NAME)	<u></u> (MIDDLE INITIAL OR NAME)	<u>Marcantonio</u> FAMILY (OR LAST NAME)
--------------------------------	-------------------------------------	---

Inventor's signature M. Marcantonio

Date 5-4-07 Country of Citizenship United Kingdom

Residence <u>West Caister</u> (city)	<u>United Kingdom</u> (State or Country)
---	---

Mailing Address Brownridge, Clink Hill, West Caister, Great Yarmouth, Norfolk

NR30 5SW United Kingdom